

6-2016

PREDICTING BURNOUT AMONG PSYCHIATRIC TECHNICIANS

Sarah E. Hernandez

California State University, San Bernardino, lightblue412@yahoo.com

Follow this and additional works at: <http://scholarworks.lib.csusb.edu/etd>



Part of the [Psychiatric and Mental Health Nursing Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Hernandez, Sarah E., "PREDICTING BURNOUT AMONG PSYCHIATRIC TECHNICIANS" (2016). *Electronic Theses, Projects, and Dissertations*. Paper 304.

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

PREDICTING BURNOUT AMONG PSYCHIATRIC TECHNICIANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sarah Elizabeth Hernandez

June 2016

PREDICTING BURNOUT AMONG PSYCHIATRIC TECHNICIANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Sarah Elizabeth Hernandez

June 2016

Approved by:

Dr. Tom Davis, Faculty Supervisor, Social Work

Dr. Janet Chang, Research Coordinator

© 2016 Sarah Elizabeth Hernandez

ABSTRACT

This thesis attempted to examine stressors associated with the psychiatric technician profession and levels of burnout amongst them. This was accomplished with the use of a survey that included demographic data, the Maslach Burnout Inventory Human Services Survey (MBI-HSS), an adaptation of the Nursing Stress Scale (NSS) and a self-care assessment tool. A total of three research questions were examined statistically including levels of burnout on subcategories (personal accomplishment, emotional exhaustion and depersonalization), most common stressors identified by psychiatric technicians and percentage of participants who utilized therapy to cope with work related stress. The survey was made available via survey monkey and posted on the website for the California Association of Psychiatric Technicians website and via links posted on Union Chapter social media pages. A total of 123 Psychiatric Technicians participated in the study. Results indicated high levels of emotional exhaustion, depersonalization and personal accomplishment among psychiatric technicians. Results indicate that extended work hours and staffing minimums were significant issues affecting union members. Also significant among participants, was high level of difficulty attending work due to work related stress during the last three months. For future research, it is recommended that similar studies of psychiatric technicians be conducted to provide further insight into burnout, how it happens and how to avoid it.

ACKNOWLEDGMENTS

To the California Association of Psychiatric Technicians (CAPT) for your support throughout this endeavor. I hope that this will be the beginning of many studies to help understand the challenges amongst psychiatric technicians, a group of professionals who put their lives on the line every day to care for others in a largely selfless way. I too, was a psychiatric technician for over 9 years and felt the impact of burnout and emotional exhaustion in my own life. This burnout led me to my current educational endeavors and the current study. Thank you for believing in me and my goal of illuminating the significant level of burnout among psychiatric technicians and the most significant stressors identified by them. The support of CAPT helps illustrate their dedication to their members.

I would also like to thank Dr. Davis, my advisor for his dedication to this study. He has been tirelessly supportive during this undertaking. Without his support and encouragement throughout this project I would have struggled tremendously. Thank you for being a major source of motivation throughout this project.

DEDICATION

I dedicate this thesis and my MSW degree to my mom Susan Collett, who raised me as a single mother, and taught me the importance of education. My mom always pushed me to go above and beyond others expectations. She taught me the importance of hard work and dedication. She sacrificed so much, making sure that I always had the best.

I dedicate this body of work to my loving family, my wife Sylvia, my son Andrew and my niece Adahli Lopez. Thank you for believing in me and allowing me to follow my dreams of not only bettering myself, but my ability to better support our family. Thank you for the countless hours of time you sacrificed so that I could complete my homework, projects, readings and this thesis. I could not have done this without your support and love.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	5
Significance of the Project for Social Work	7
CHAPTER TWO: LITERATURE REVIEW	
Introduction	9
Burnout	9
Stressors	10
Anxiety and Burnout	11
Healthcare Professionals and Burnout	11
Exposure to Violence and Burnout	14
Overtime and Burnout	14
Personal Expectations and Burnout	15
Theories Guiding Conceptualization	16
Self-Care	19
Summary	19
CHAPTER THREE: METHODS	
Introduction	21
Research Design	21

Sampling.....	22
Data Collection Instruments.....	23
Measurement Tools	25
Procedures	27
Protection of Human Subjects	28
Data Analysis.....	28
Summary	29
CHAPTER FOUR: RESULTS	
Introduction.....	30
Presentation and Findings.....	30
Demographics	32
This figure displays participants in terms of gender.	32
CHAPTER FIVE: DISCUSSION	
Introduction.....	39
Discussion	39
Gender.....	39
Work Setting	40
Maslach Burnout Inventory-Human Services Survey (MBI-HSS).....	40
Personal Accomplishment.....	41
Emotional Exhaustion	42
Depersonalization	42
Work Attendance	43
Unpredictable Staffing.....	44

Staffing Coverage	45
Counseling	47
Recommendations for Social Work Practice, Policy and Research	48
Limitations of the Study	49
Summary	50
APPENDIX A: QUESTIONNAIRE	51
APPENDIX B: INFORMED CONSENT	61
APPENDIX C: DEBRIEFING STATEMENT	63
APPENDIX D: STUDY.....	65
APPENDIX E: COMMENT LETTER.....	67
REFERENCES.....	69

LIST OF TABLES

Table 1.	Burnout Inventory Results	34
Table 2.	Counseling	38

LIST OF FIGURES

Figure 1. Participant Gender	32
Figure 2. Work Setting.....	33
Figure 3. Work Attendance.....	35
Figure 4. Unpredictable Staffing.....	36
Figure 5. Staffing Coverage	37

CHAPTER ONE

INTRODUCTION

This chapter will provide an explanation of the problem of burnout among psychiatric technicians, the purpose of this study, and its significance to the field of social work. Psychiatric technicians are college level healthcare professionals with state mandated training covering topics of nursing, pharmacology, medical procedures, mental illnesses and developmental disabilities (California Association of Psychiatric Technicians, 2016). Psychiatric technicians are licensed healthcare professionals who care for individuals with mental illness and developmental disabilities within facilities across California. The position of a psychiatric technician can be difficult due to challenging clients, high patient to staff ratios, extended work hours, and high incidents of violence within the workplace. Given these wide-ranging demands, psychiatric technicians struggle with emotional exhaustion and burnout. In studying the impact of burnout among psychiatric technicians, measuring the prevalence of burnout and identifying predictors it will be possible to identify more complete methods of addressing this problem.

Problem Statement

Working conditions in a variety of occupations have the potential to lead to burnout. Burnout is not a new phenomenon; however, it is an increasingly more common phenomenon in today's stressful workplace. People oriented

professions such as nursing have a high prevalence of burnout (Jamal & Baba, 2000) along with other helping professionals (Pines, 2003).

Burnout includes the experience of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson, & Leiter, 1996). Emotional Exhaustion has been found to be the central component of burnout often leading to a manifestation of symptoms. (Maslach, Schaufeli, & Leiter, 2001). In order to fully understand the effects of emotional exhaustion within the helping professions, it is important to understand burnout. Burnout has been defined as both a psychological and physical response to workplace stress (Maslach, 1982). Cherniss (1980) acknowledged that in the process of burnout, both attitudes and behaviors change in an unconstructive manner in response to work stress.

Many professionals within social services and healthcare have been studied to better understand burnout, including nurses, emergency medical technicians, teachers, social workers, doctors and so on. Psychiatric technicians, specifically, have yet to been studied despite their high numbers within the State of California. Psychiatric technicians have a unique blend of skills including basic medical care, medication administration and extensive knowledge of mental illness and developmental disabilities. Along with their high stress work environments, their responsibilities and knowledge base, make them a group of professionals that may lead to a new perspective on burnout.

Psychiatric technicians are licensed professionals who work in facilities such as mental hospitals, developmental centers and correctional facilities within the state of California. They provide a variety of vital level of care services including counseling, medication support, medication administration, assistance with activities of daily living, therapeutic groups and crisis intervention management. In many cases, the workload demands are high, patients can be both physically and verbally abusive, and the work hours can be long and extended due to needs for mandatory overtime. Studies have shown that patient violence in the workplace, both physical and nonphysical, has a significant correlation with symptoms of burnout and emotional exhaustion (Gascon et al., 2013) and included professionals in the mental health field (Whittington, 2002). Extended work hours have shown a strong correlation with patient care errors, communication errors, emotional exhaustion and depersonalization in nurses (Kunaviktikal, 2015).

Given that patient aggression and extended hours have shown a strong correlation with burnout and emotional exhaustion, it would be helpful to explore policies which relate to these areas. Currently patients can refuse psychiatric medication, leading to psychiatric decompensation and increased risk to psychiatric technicians. Psychiatric decompensation is the deterioration of a patient which had proven to be relatively stable, including an increase in negative symptoms, aggression, labile mood, and inability to function in major areas of daily living. Patients under the Lanterman Petris Short Act and

Mentally Disordered Offender Act have the statutory and constitutional right to refuse psychotropic medication. The recent Greenshields ruling in 2014 further extended these rights of medication refusal to those found Not Guilty by Reason of Insanity (NGIs) (Sean Alen Greenshields on Habeas Corpus, 2014). Poor medication compliance and medication refusal can lead to psychiatric decomposition and, in turn, lead to an increase in safety risk and acts of aggression among patients.

Psychiatric technicians work within 24-hour healthcare facilities which often carry state mandated staffing minimums. Mandatory overtime has had a widespread impact on nursing staff across the nation (Kany, 2001). When staff is unable to report to work due to injuries, illness, or when other staffing gaps occur, it is commonplace that psychiatric technicians will be held to work beyond their normal work hours and are often provided with little notice. Overtime has been associated with increased levels of emotional exhaustion, however, the largest contributor to this effect was those workers who were pressured or expected to do the overtime (Patrick & Lavery, 2007). Staff members who are tired due to these extended work hours, become more vulnerable when working with patients with a history of violence and those with active symptoms of psychosis. All these factors combined, add to the potential for the psychiatric technician to experience symptoms of emotional exhaustion and burnout. Understanding and predicting burnout among psychiatric technicians will not only benefit the profession but also allow social workers

and other interdisciplinary professionals to understand the struggles and needs of their fellow staff members. Increasing the knowledge of self-care is also crucial in avoiding burnout and retaining qualified professionals.

Purpose of the Study

The purpose of this study is to explore predictors of burnout among Psychiatric Technicians. This research project was designed to gain an improved understanding of burnout among Psychiatric Technicians and to determine current rates of burnout among the profession using the Maslach Burnout Inventory Human Services Survey (MBI-HSS) (Maslach & Jackson 1966). Once burnout rates are determined, results will be provided to the California Association of Psychiatric Technicians (CAPT), a union who represents psychiatric technicians. CAPT supported and collaborated closely with this research. The data will allow the union to develop plans to address issues facing their members. Determining further insight into burnout among this profession, can lead to possible changes in policy and illustrate the need for resources to address the problem.

Rates of turnover among psychiatric technicians and reasons for leaving are unknown at this time. Psychiatric technician are licensed healthcare professionals who care for individuals with mental illness and developmental disabilities within facilities across California. These professionals work in a challenging environment that often includes the threat of violence and frequent needs for crisis management. Staffing minimums are

often minimally low, leaving a large amount of responsibility on a small group of staff. Work hours can often be extended for a maximum of 16 hours total due to mandatory staffing needs. Though the professionals are well trained and capable of meeting the needs of patients within a high stress environment, over an extended amount of time, professionals can become increasingly emotionally exhausted.

Psychiatric technicians are among healthcare professionals who work with challenging clients in high stress environments. Exposure to violence, frequent crisis intervention, verbal threats and abuse, responsibilities that require precision such as medication administration and shift lead responsibilities, along with extensive paperwork can lead to burnout. It is critical that the signs and consequences of burnout be researched to gain insight into preventative measures such as adjustments to policies and resources. Psychiatric technicians are an enormous group of professionals within California that have yet to be studied in regards to burnout.

The California Association of Psychiatric Technicians (CAPT) is the union which represents the growing number of bargaining unit 18 psychiatric technician members spread throughout mental health and developmental facilities in both Northern and Southern California (California Association of Psychiatric Technician, 2016). CAPT supported this project by encouraging its members to participate and provided monetary support for costs related to the survey. CAPT is an agency that protects the rights of its members and has a

responsibility to ensure the health and well-being of its members.

Understanding the main sources of burnout would allow the union to better serve its members by supporting legislation and programs to benefit its members. By targeting the needs of the members, the union can refine its efforts to make vital changes within legislation to impact both patient care and employee health positively.

This study will survey union members through a Survey Monkey link on the CAPT organization's website at psychtechs.net and CAPT officer social media pages. The survey will examine the prevalence of burnout among Psychiatric Technicians who work within mental health, developmental and correctional facilities within California. The survey will be provided to licensed psychiatric technicians and psychiatric technician assistants who are CAPT bargaining unit 18 union members. The survey will include demographics, the Maslach Burnout Inventory Human Services Survey (MBI-HSS) (Maslach & Jackson 1966), questions adapted from the Expanded Nursing Stress Scale (French, Lenton, Walters, & Eyles, 2000) and a self-care assessment tool (Saakvitne & Pearlman, 1996).

Significance of the Project for Social Work

There is no debate that healthcare and mental health professionals suffer from burnout due to challenging workplace demands. Social work practice would be enhanced if predictors of burnout among psychiatric technicians were explored further. These professionals often work alongside

social workers and provide a different level of care for patients. Social workers would benefit from a better overall understanding of the struggles of this profession because they work so closely together within interdisciplinary teams. Psychiatric technicians provide 24-hour care for patients and often have more frequent interaction with the patients, often allowing them to help guide the interventions of social worker because of their familiarity with patients.

Psychiatric technicians, along with other healthcare professionals who suffer from symptoms of burnout, may seek out the professional services of a social worker in therapy. Work related stress can often lead individuals to seek out counseling. Work related pressures can often affect home life if stressors are internalized, as with emotional exhaustion. Social workers would benefit from having a better understanding of the struggles that Psychiatric Technicians face in order to better serve them as clients in a therapist role.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Burnout is a common phenomenon among healthcare professionals. The literature review examines burnout along with emotional exhaustion which has been found to be a key component of burnout (Feuerhahn, 2013). Various factors which have led to burnout among other healthcare professionals will be explored. Because psychiatric technicians have not yet been studied, factors which have led to burnout in related professions will be explored.

Burnout

Burnout has been defined as both a psychological and physical response to workplace stress (Maslach, 1982). Burnout is composed of three elements including emotional exhaustion, depersonalization and reduced feelings of personal accomplishment (Maslach, 1982, 1993). Cherniss (1980) acknowledged that in the process of burnout, both attitudes and behaviors change in an unconstructive manner in response to work stress. In order to conceptualize burnout, it is important to understand the various symptoms that present. Emotional symptoms of burnout can include loss of humor, irritability, persistent mood of depression, feelings of failure/guilt/blame, apathy and low energy. Cognitive symptoms of emotional exhaustion can include poor concentration, resistance to change, mistrust, stereotyping and distancing.

Behavioral symptoms can include work avoidance (absenteeism, clock-watching), diminished personal contact with clients/colleagues, habitual lateness and acting out (alcohol, drugs, etc.). Physical symptoms can include tiredness, sleep disorders and increased minor illnesses (e.g. headache, backache) (Freudenberg, 1974; Maslach & Jackson, 1981).

Stressors

A stressor is “a demand, situation or circumstance that disrupts a person’s equilibrium and initiates the stress response of increased autonomic arousal” (Lloyd, King, & Chenoweth, 2002, p. 256). Stressors can be categorized into two main areas, those caused by life events and those caused by chronic strains (Pearlin, 1989). Life event stressors can be either expected or unexpected and require the individual to adjust (Pearlin, 1989). Chronic stress is long lasting threats or problems within the environment (Pearlin, 1989). Though chronic stressors and life event stressors differ, they are not mutually exclusive and can build upon one another. Together they can lead to diminished self-concept and decreased feelings of mastery in the stressed person (Pearlin et al., 1981). Outcomes related to stress depend largely on mediating resources such as social supports and coping mechanisms (Pearlin, 1989; Pearlin et al., 1981). Inadequate coping mechanisms increase the likelihood of negative physical and psychological results (Pearlin, 1989).

Anxiety and Burnout

A recent study has shown that healthcare workers have a greater risk of developing anxiety, one of the most common psychiatric conditions encountered in primary care. The anxiety can be attributed to a fear of making mistakes at work or impending weekends on duty for example (Fiabane, Giorgi, Sguazzin, & Argentero, 2013). Another study reported that anxiety is associated with job burnout, sleeping problems and lifestyle factors (Sun, Fu, Chang, & Wang, 2012). Increasingly, data have indicated the adverse effects of anxiety. Anxiety can impair healthcare workers' quality of life, and induce immune system changes (Bargellini, 2000). Although anxiety and emotional exhaustion are not one in the same, anxiety can be a factor that would lead to burnout or be a result of burnout. The high stress of the workplace can cause anxiety to be worsened or more pronounced. Studies suggest higher rates of psychiatric disorders among nurses rather than doctors, and with higher numbers found in female workers (Wall et al., 1997).

Healthcare Professionals and Burnout

Many professionals including nurses, doctors, mental health workers, social workers, and emergency medical technicians have been studied to understand burnout and yet, psychiatric technicians have not. Perhaps this may be attributed to the general public's lack of knowledge of what a psychiatric technician is unless they have had prior experiences with these professionals. They work in a variety of setting including Developmental

Centers, Forensic Mental Health facilities and Correctional Mental Health facilities. The clients served by psychiatric technicians include the developmentally disabled and individuals with mental illness.

Early research demonstrated the high potential for burnout in counseling practice. For example, Farber and Heifetz (1982) investigated prevalence of burnout in mental health professionals. These researchers found burnout in 71% of the psychologists, 43% of the psychiatrists, and 73% of the social workers. Another study by Williams et al. (1998) found that clinicians cited a variety of issues as stressors including workload pressures which affected their outside life. Participants also identified problems with inadequate resources, inappropriate management techniques, constant reorganization, role ambiguities and conflict. Finally, a lack of career progression, inadequate support/supervision and lack of control over personal job circumstances was indicated by the research (Williams et al., 1998). Mental health professionals working within community teams showed similar results, indicating that they are experiencing greater levels of stress and burnout as a result of heavier workloads, increasing administrative burdens, and a lack of resources (Edwards et al., 2000). Other specific stressors found with working within community teams were problems with time management, inappropriate referrals, safety issues, role conflict and ambiguity, lack of supervision, and general working conditions that are inadequate” (Edwards et al., 2000). Workers in high-strain jobs have reported more stress and job

dissatisfaction including greater levels of perceived stress, poorer perceived mental health, and more days taken for disability (Shield, 2006). Therefore, high stress jobs can often lead to more absences from work and mental health issues such as depression.

It is important to explore burnout among nurses because psychiatric technicians similarly care for others and have some overlap with nursing skills and responsibilities. A study by Flynn et al. (2009) on hemodialysis nurses found that stress and burnout was related to high workloads, inadequate support and issues related to patient care. They found that incidence of burnout doubled when the nurse's workload made it impossible to complete the required tasks (Flynn et al., 2009). Workload pressure adds to stress, however, the inability to rest from these pressures also intensifies stress level. When nursing staff are not allowed to take small breaks throughout the day, stress levels have found to increase (Brokalki et al., 2001). Ridley et al., 2009 found that higher levels of stress occur when they report feelings of being unsupported by the organizations or facilities in which they work. Along with ineffective communication and lack of support from management added stress can also occur, increasing the possibility of burnout. Competing demands placed on their time by administration and hospital patients can cause nurses to feel overwhelmed and overworked (Espeland, 2006). As job demands increase psychological symptoms may occur including loss of motivation, high emotional exhaustion and low personal achievement (Hakanen, Bakker, &

Schaufeli, 2006; Murray-Gibbons & Gibbons, 2007). Specifically, pertinent to burnout today, nurses have low levels of control and high levels of patient care responsibilities (Browning et al., 2006). High workload together with low levels of control leads to poorer overall performance, increased thoughts of quitting, improper client care, higher absenteeism, higher turnover rates, and increased daily sick calls (Komala & Garnesh, 2007).

Exposure to Violence and Burnout

Caregivers in the field of mental health are more likely to be physically assaulted, threatened, and verbally abused than other group of healthcare professionals (Nolan et al., 1999). Staff in psychiatric admission units are exposed to high levels of behavioral disturbance, with an increased risk of personal assault (Kho et al., 1998). The effects of frequent violence in the workplace have caused a number of negative health outcomes including depersonalization, depression, flashbacks, sleeplessness, poorer mental health, and traumatic stress disorder (Bussing & Hodge, 2004; Rospenda, 2009; Mathews 1998). Further effects of workplace violence on health outcomes include emotional exhaustion and poorer physical health (Bussing & Hoge, 2004).

Overtime and Burnout

Relatively little is known about the effects of overtime and long working hours in general, although the literature does suggest that long hours can be

associated with health and safety risks (Harrington, 1994; Cooper, 1996; Spurgeon, Harrington, & Cooper, 1997). A meta-analysis by Sparks, Cooper Fried, and Shirom (1997) found a correlation between long working hours and poor physical and psychological health. They also found a positive correlation between hours worked and sick days. Extended work hours were also found to be associated with upper extremity muscle fatigue which could lead to increased safety risk and overall symptoms of physical exhaustion. (Rosa, 1995). Barnett, Gareis, and Brennan, 1999 found that female doctors who good relationships with their children had helped to decrease the negative effects of perceived job demands which might have otherwise impacted their psychological well-being and symptoms of burnout (Barnett, Gareis, & Brennan, 1999). In addition, several studies have shown that long working hours are associated with interference between work and family life, in terms of role conflicts (Staines & Pleck, 1984). Longer work hours have also been positively correlated with overall fatigue, worry and irritability (Grzywacz & Marks, 2000). As a whole, extended work hours are associated with negative outcomes related to health and well-being.

Personal Expectations and Burnout

Personality characteristics and personal expectations have a direct impact on burnout. Employees who maintain high motivation to do their best and maintain strong work ethics within their work environments are often the ones to experience burnout (Pines, 1993). When a professional determines

that the work is not fulfilling their expectations, burnout is more likely to occur (Salmela-Aro, Naatanen, & Nurmi, 2004). The gap between the expectations an individual holds about their ideal work environment and the actual work environment adds to the possibility of burnout. In order to decrease the risk of burnout the individual has to gain the ability to focus on personal expectations and attempt to gain a more realistic view of personal standards and their fit within the workplace.

Theories Guiding Conceptualization

There are different theories to explain why individuals choose careers in healthcare and social services that make them more prone to “psychopathologies” (Tillett, 2003). Doctors, among other health care professionals, are frequently judged as being poor communicators and equally poor listeners. They have to develop a balance between maintaining an empathetic and warm attitude and the need to remain emotionally detached in order to remain objective. For example, “when we are struggling with our own feelings, we might find emotional contact with patients stressful and use ‘business’ as a convenient excuse” (Tillett, 2003). Doctors often fear taking on the “patient role” and avoid getting help for themselves to avoid being vulnerable. Denial of illness is also frequently seen among healthcare professionals. Personal therapy for healthcare workers often creates a great deal of ambivalence as the individual attempts to avoid a vulnerable role. Clinicians view therapy as a type of remedial treatment, rather than a healthy

maintenance activity. Therapy allows the professional to review the balance between work and home life and offers time for personal reflection (Tillett, 2003). Although therapy would be helpful to prevent the common burnout among healthcare professionals, avoidance of therapy is common. Tillett (2003) explains that managerial staff also have a joint responsibility with the employee, to encourage professional development, training and inward reflection. Within healthcare and social service settings, working within an interdisciplinary team, one can find opportunities for mutual support depending on the team's level of cohesiveness. It is recommended that staff working in areas with especially high stress such as intensive care, psychiatric units and oncology, should be supported by group therapy led by a qualified person (Tillett, 2003).

The unhealthy patterns of healthcare workers and clinicians in dealing with unresolved issues and their tendency to avoid help, makes them particularly at risk and in need of early intervention. Intervening when individuals begin to feel the signs of emotional exhaustion could allow for positive changes to be made that would allow a better outcome. Educating these professionals on the harmful impact of emotional exhaustion on all aspects of life, including their health, well-being, career and home life, may allow them to seek the help they need. Although denial may occur, discussing topics that are normally avoiding may allow for problems to be uprooted and dealt with in a new way. Empowering those in helping professions to have

better health, is of great importance to ensure they function well, both on the job and in their personal lives. A healthy professional can help to ensure the health and well-being of many patients.

A recent Canadian study showed that psychological empowerment in healthcare workers can reduce the effects of stressors on burnout (Boudrias, Morin, & Brodeur, 2012). Kanter (1977) asserted that “the structure of the work environment is an important correlate of employee attitude and behaviors in organizations and that perceived access to power and opportunity structures relate to the behaviors and attitudes of employees in organizations”. He explained that based on different supports within an organization, individuals display different types of behavior. Individual opportunity directly impacts the employee and relates to their ability for growth, mobility and chance to increase knowledge and skills. The structure of power, within the workplace, is also important as it reflects the employee’s ability to mobilize resources, information and support in order to get the job done successfully. Support refers to the ability to receive feedback from subordinates, peers, and supervisors to enhance effectiveness (Kanter, 1977). Nedd (2005) found that turnover was not related to personal characteristics but rather empowerment structures within the organization and perceived access to that empowerment. Structure of the organization and availability of staff support was significantly found to impact workplace satisfaction, turnover and emotional exhaustion.

Self-Care

Healthy use of self-care methods can be life sustaining and crucial to maintaining a successful career (Denyes et al., 2001). Self-Care theory was pioneered in the 1950's by Nurse Dorothea Orem (Renpenning & Taylor, 2003). Orem portrays self-care as one's ability to not only care for others, but also, their ability to care for themselves. While working within the helping professions, a person must be attuned to their physical and mental health needs (Denyes et al., 2001). By maintaining healthy self-care methods, a person can expect to lessen health related ailments such as heart disease, high blood pressure, or other potential ailments (Denyes et al., 2001). In some cases, self-care may present as impossible, due to actual or perceived self-care limitations (Orem, 1978). When a person has a deficit in ability to care for themselves, professional intervention may be necessary (Orem, 2001).

Summary

In summary, the proceeding review of literature on burnout, burnout among healthcare professionals and self-care lead to several key points of information. Burnout has been found to be a major problem among healthcare workers, particularly those who work extended hours and who work with the threat of violence in the workplace. Use of self-care can help mitigate the negative effects caused by many of the stressors within healthcare and social

services. Coping skills are necessary to combat the extreme stress that psychiatric technicians endure on a daily basis.

CHAPTER THREE

METHODS

Introduction

This chapter presents an effort to present an overview of the research methods that were applied in this study. The study design, sampling methods, data collection process, instruments used, procedures, efforts to protect human subjects, and data analysis will be described.

Research Design

A quantitative survey was conducted with members of the California Association of Psychiatric Technicians, a union which represents licensed psychiatric technicians and psychiatric technician assistants throughout facilities within California, to determine their perceptions and experiences with burnout. The survey was 105 questions long and included demographics, the Maslach Burnout Inventory Human Services Survey (MBI-HSS), questions adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters, and Eyles (2000) and a Self-Care Questionnaire (Saakvitne & Pearlman, 1996). These tools together were used to explore levels of burnout, occupational stressors and use of self-care strategies within the Psychiatric Technician profession. Of the ENSS 57 item questionnaire, 14 questions will be used based on their perceived relevance to the psychiatric technician profession for example how often do you find conflict with a

supervisor stressful? This chapter will explore participant's demographics, the reliability of the instruments used in the present study and the data analysis methods that will be used to address the research questions. This chapter attempted to determine levels of burnout among participants and most frequently reported stressors in the participants working environment. The design instrument was used to determine the main factors identified as workplace stressors as well as factors which lead to burnout within the psychiatric technician profession?

Sampling

This study was conducted with the permission and interest of the California Association of Psychiatric Technicians (CAPT) who represent licensed psychiatric technician and psychiatric technician assistants across the state of California. Psychiatric technicians were chosen because there are currently no studies on this particular profession, despite the challenging factors that must be dealt with by this particular group of professionals. All participants were psychiatric technicians and members of CAPT. A total of 148 CAPT members clicked on the link, and 25 members chose not to complete the survey, making 123 total participants. Survey Monkey was utilized to conduct the survey. Survey Monkey data is encrypted and confidential. The data was password protected and only the author will have had access to this password. The data was downloaded without any personal identifying information to a password protected computer only accessed by the author.

The Survey Monkey link will be available on the CAPT website located at www.psychtechs.net and via Survey Monkey link on CAPT flyer. CAPT members were encouraged to complete the survey by an article within the CAPT magazine "The Outreach" and separately via a flyer.

Data Collection Instruments

For this study, a standardized measurement instrument was used, the Maslach Burnout Inventory Human Services Survey (MBI-HSS) and included questions adapted from previous research which explored burnout and self-care to conduct quantitative surveys. The MBI-HSS is now considered to be the standard research tool in the field of burnout. The three dimensional structure of the MBI includes subcategories of emotional exhaustion, depersonalization and reduced feelings of accomplishment have been found consistently across a wide range of occupational samples and across a wide variety of countries (e.g. Enzmann et al., 1995, Leiter & Schaufeli, 1996). The sampling criteria was 123 participants of various ages, ethnic, cultural and religious backgrounds. The dependent variable will be burnout. To start with, this study was concerned with predicting burnout among Psychiatric Technicians. Many factors were included as independent variables in order to get an overall picture of burnout among a profession which has not been studied before. Independent variables included demographics such as gender, age, marital status, years within the profession, current shift worked, and type of facility worked at. Other independent variables included mandated overtime

(partial shift and full shift) in the past two months, patient related violence witnessed in the past 6 months, assaults by a patient in the last year, and witnessed assaults on a coworker by a patient in the last year. Also included as independent variables were seeking counseling services and helpfulness, absences due to work related stress in the past three months and how many days were missed due to work related stress. In order to better understand levels of work related stress the following independent variables were included: Peer support at work, conflict with supervisor, unpredictable staffing/scheduling, experiencing discrimination because of race/ethnicity, fear of making mistakes, sexual harassment, feeling inadequately prepared to meet emotional needs of a patient, time to complete daily tasks, dealing with violent patients, being in charge without adequate experience, not enough staff to cover the unit, having to work through breaks, having to deal with abusive patients and not enough time to respond to patient needs. In order to better understand mitigating factors of burnout, self-care areas were explored as independent variables including physical self-care, psychological self-care, spiritual self-care, emotional self-care and professional self-care. Participants were encouraged by CAPT flyer, social media posts of the CAPT flyer and the CAPT "Outreach", a union magazine provided to CAPT members. Participants were encouraged to visit the California Association of Psychiatric Technician (CAPT) website and click on the Survey Monkey link to access the survey or via the link mentioned on the CAPT flyer. The goal in using an electronic

survey was to increase the likelihood of participation and ensure confidentiality because the survey questions surrounded workplace issues. The limitations of this study was generalizability. This is a unique sample of professionals who serve a specific client base, however because this is an understudied profession, results yielded a new and unique perspective of burnout.

Measurement Tools

The measurement tools utilized were a demographics survey, Maslach Burnout Inventory Human Services Survey (MBI-HSS), questions adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters, and Eyles (2000), and The Self-Care Questionnaire. A Likert scale was used to measure responses of participants. Likert scales are commonly used in research that employs questionnaires.

The Demographic Survey consists of 16 questions to focus on this specific group of people. The survey will look at gender, age, marital status, years of experience, type of facility worked at, current shift worked, and other questions surrounding mandatory overtime, violence in the workplace, use of counseling related to work related stress and days missed from work due to work related stress. The research will help to breakdown the overall survey response data into meaningful groups of respondents.

The Maslach Burnout Inventory Human Services Scale (MBI-HSS) (Maslach et al., 1996) is a 22 item survey, was used in its entirety, and contains three subscales that measure emotional exhaustion,

depersonalization, and personal accomplishment. The survey uses a Likert scale ranging from 0(Never) - 6(Everyday). An example of the types of questions are “I feel emotionally drained from my work” and participants can answer either 0 = Never, 1 = A few times a year, 2 = Once a month or less, 3 = A few times a month, 4 = Once a week, 5 = A few times a week, or 6 = Every day.

Fourteen questions have been adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenten, Walters, and Eyles (2000) (Appendix B). The questions chosen are relevant to the Psychiatric Technician field and the current study. The questions used a Likert scale from 1(Never stressful) - 4(Extremely stressful). An example of the types of questions that were used are “Being in charge without adequate experience,” “having to deal with abusive patients” 1 = Never stressful, 2 = Occasionally stressful, 3 = Frequently stressful, 4 = Extremely stressful.

The Self-Care Assessment Tool consisted of seven self-care subscales addressed physical, psychological, emotional, spiritual, relationship, workplace, and professional self-care (Saakvitne & Pearlman, 1996). This tool provided a helpful overview of effective strategies to maintain self-care. The participants answered questions on a gradual scale one (Never occurred to me) to 6 (every day). The existing scale used 0 (never occurred to me) to 5 (Frequently) however, because other relevant data is even numbered, the scale was modified to include 6 responses for the sake of analysis. An

example of questions asked were “Do you eat regularly? Get regular medical attention?” The participants answered 1 = Never occurred to me, 2 = Never, 3 = Rarely, 4 = Occasionally, 5 = Frequently, 6 = Every day.

Procedures

As noted above, all of the Psychiatric Technicians and Psychiatric Technician Assistants work in facilities across the state of California and are members of the California Association of Psychiatric Technicians (CAPT). Informed consent was provided for participants prior to their survey responses (Appendix B). The participants were encouraged to participate through a the CAPT flyer, CAPT “Outreach” and CAPT chapter social posts. A Survey Monkey link was included on the CAPT website at psychtech.net and a link was provided on a flyer. The flyer was also included in the CAPT “outreach” magazine. Once the participants decided to utilize the link, a consent form was included to be read and agreement to participate was completed by clicking the confirmation statement, I agree to participate. At the end of the survey each participant was encouraged to email the researcher with their contact information in order to be entered into a voluntary drawing for 4 \$50.00 Visa gift cards. The researcher received updates on participation through Survey Monkey. Drawing winners were notified via email that they were selected and were asked for an address where gift card could be sent. All winners reported that they received their gift cards.

Protection of Human Subjects

The subjects in this research study all participated voluntarily. Each participant will have received and agreed to informed consent that explained the purpose of the study as well as the possible risks and benefits associated with participating in the study. No identifying information or names were collected or included in the study's findings in order to adhere to strict confidentiality guidelines. An IRB form was submitted and approved by the Institutional Review Board at California State University, San Bernardino prior to the distribution of surveys. All data was stored and encrypted on Survey Monkey using Secure Sockets Layer (SSL).

"SSL is a protocol developed for transmitting private documents or information via the internet. All data will be password protected and only accessible by the researcher. SSL creates a secure connection between a client and a server, encrypting sensitive information being transmitted through the web page." (surveymonkey.com)

Following completion of the survey, a debriefing statement was offered to all participants for review.

Data Analysis

Data analysis will be completed using Survey Monkeys extended services which include data analysis. Descriptive statistics will be used to describe demographics, perceived stress, coping strategies and levels of burnout. The following questions were explored in the study:

RQ1: What are the overall reported levels of burnout in Psychiatric Technicians?

RQ3: What are the most common stressors reported by Psychiatric Technicians?

RQ5: Do psychiatric technicians use counseling as a means of self-care?

Summary

This chapter focused on describing the study's research design, information on sampling, how data was collected, instruments utilized, procedures and analysis of results. The data source for this research will be the answers that the Psychiatric Technicians give on the assessment tools explored above within one survey. The quantitative data was collected through Survey Monkey where it was securely and confidentially stored to protect all participants involved.

CHAPTER FOUR

RESULTS

Introduction

This chapter will outline the results of the survey. A vast amount of data was collected in the study, and particularly noteworthy data was chosen for further discussion. The goal of the study was to develop a base knowledge of perceptions of burnout among Psychiatric Technicians, a group of professionals who have yet to be studied, but as the data show, experience alarming rates of burnout.

Presentation and Findings

A link to the survey utilized in this study was provided on the website of the California Association of Psychiatric Technicians (CAPT), as well as posted on social media pages managed by CAPT union officers. The union also circulated flyers and ran an article in their union magazine “The Outreach” to encourage participation from their members. A total of 148 CAPT members clicked on the link, and 25 members chose not to complete the survey, making 123 total participants. Because the survey questions were optional, some questions were left unanswered and had to be excluded from certain data sets. The data was first analyzed on Survey Monkey and then entered into Statistics Package for Social Sciences (SPSS) to compute for all the variables. Some of the variables had to be separated by questions depending on the

demand of the survey. An example is the Maslach Burnout Inventory Human Services Survey (MBI-HSS) which breaks questions down into three sub-scales including personal accomplishment, emotional exhaustion, and depersonalization. Each sub-scale yields a rating which indicates a level of low, moderate or high for each variable.

According to the data that was collected, participants scored within the moderate to high level in personal accomplishment. Despite feelings of personal accomplishment, participants scored alarmingly high levels of both emotional exhaustion and depersonalization. Results also indicated an underutilization of counseling to help mitigate the harmful effects of burnout. A large majority of participants report that during the last three months, work related stress has made it difficult to attend work. The most frequently reported sources of daily stress within the workplace by psychiatric technicians were unpredictable staffing and scheduling and not having enough staff to adequately cover the units.

Demographics

This figure displays participants in terms of gender.

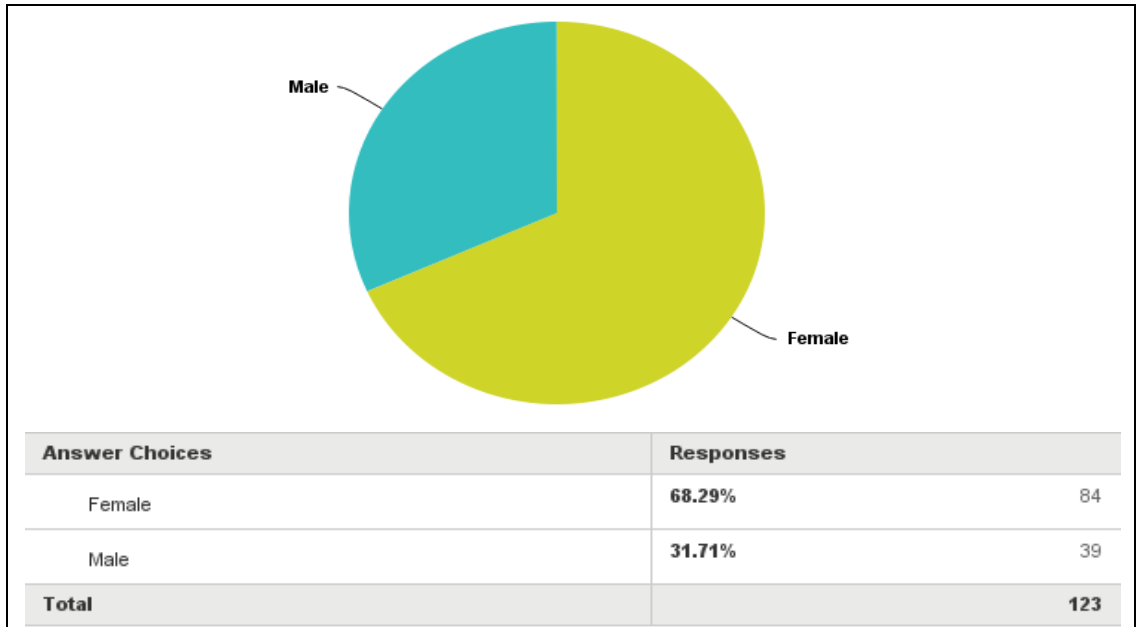


Figure 1. Participant Gender

This figure displays the work locations of Psychiatric Technicians in this study.

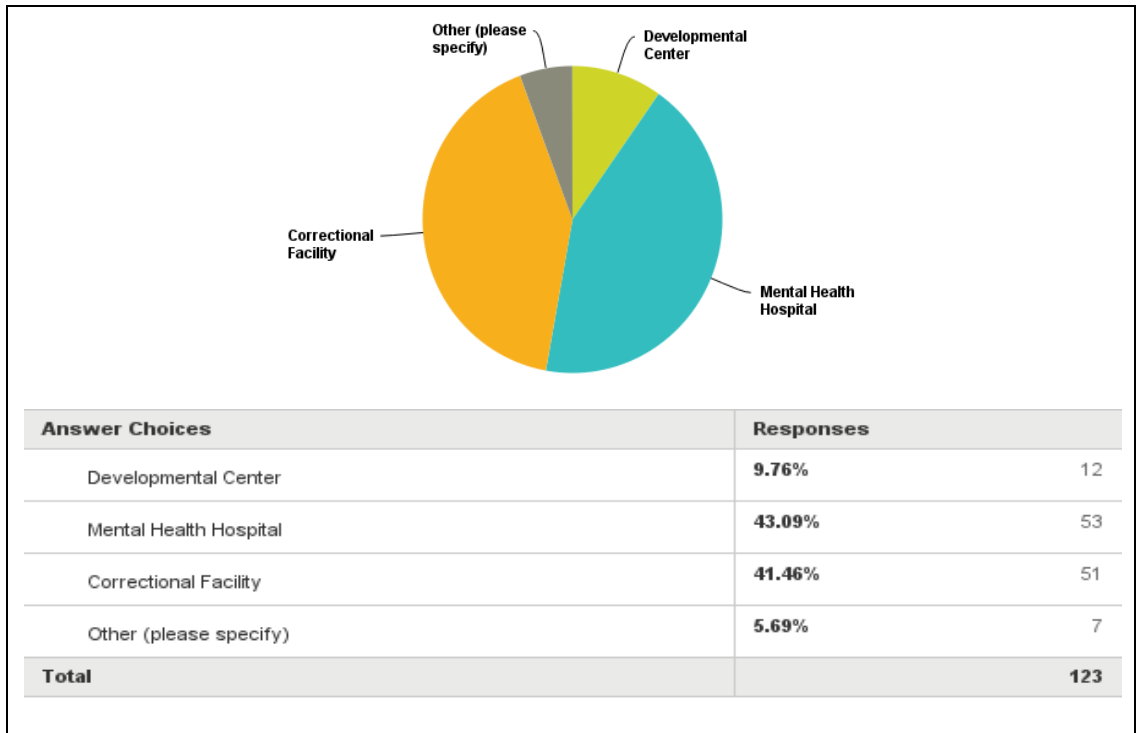


Figure 2. Work Setting

This table presents the burnout scores of psychiatric technicians among the three sub-scales of the Maslach Burnout Inventory- Human Services (MBI-HSS) survey.

Table 1. Burnout Inventory Results

Statistics

	Personal Accomplishment	Emotional Exhaustion	Depersonalization
N			
Valid	95	94	95
Missing	1	2	1
Mean	29.35	32.51	13.24
Median	29.00	34.00	13.00
Mode	28	27 ^a	13
Std. Deviation	10.102	11.698	7.664
Range	48	48	30
Minimum	0	5	0
Maximum	48	53	30
Sum	2788	3056	1258

Multiple modes exist. The smallest value is shown.

This figure demonstrates how often in the last 3 months, work related stress made it difficult to attend work among psychiatric technicians.

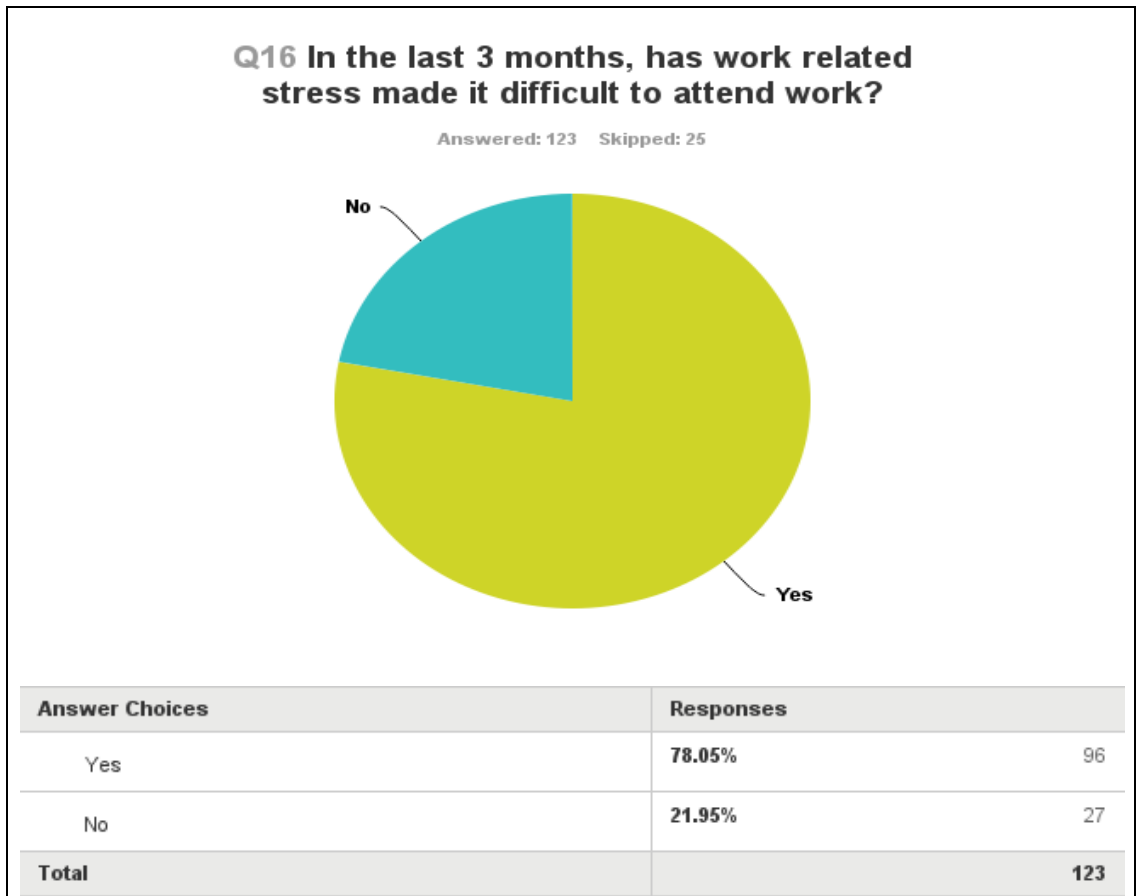


Figure 3. Work Attendance

This figure displays how frequently participants experienced stress due to unpredictable staffing and scheduling.

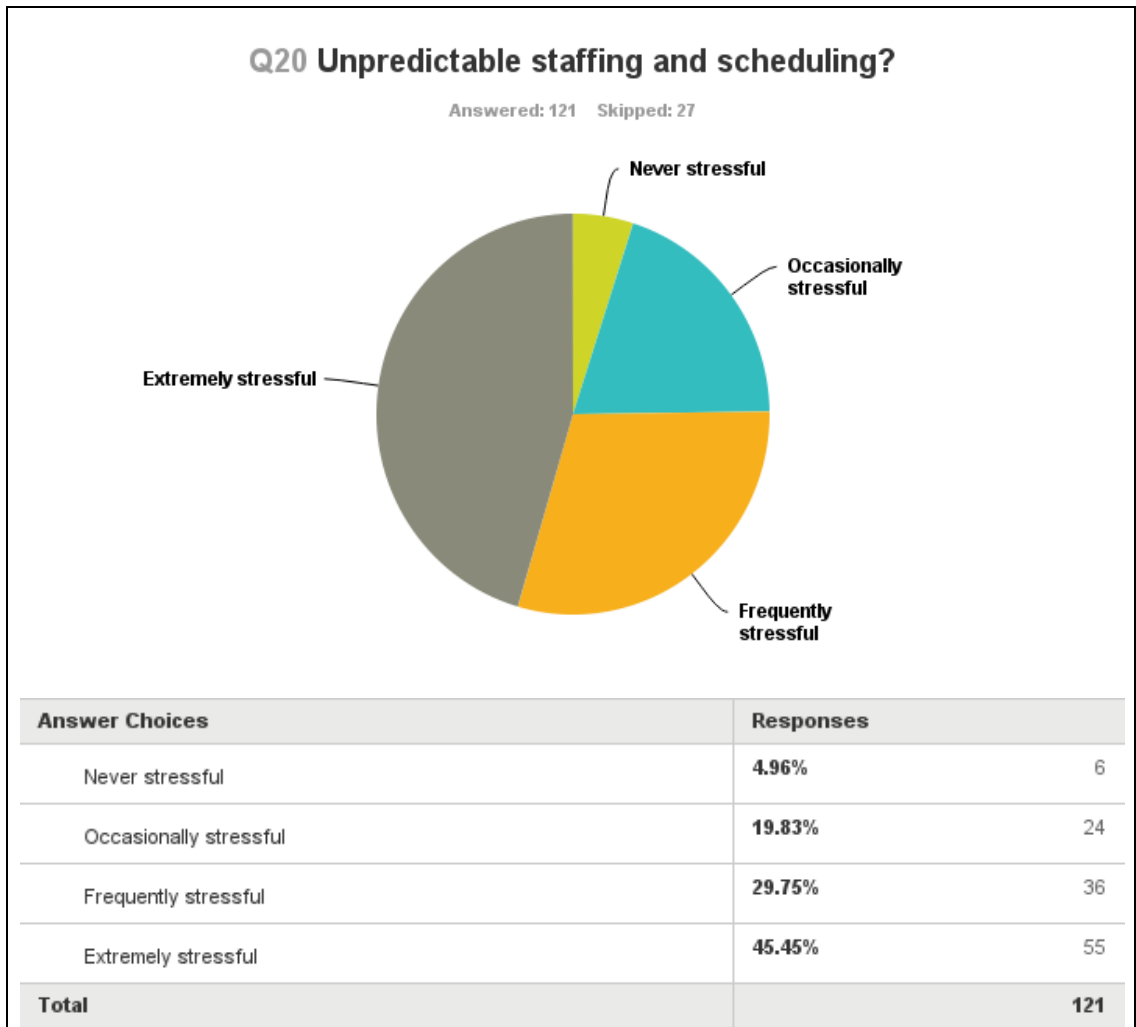


Figure 4. Unpredictable Staffing

This table illustrates how frequently participants experience stress related to not enough staff being present to adequately cover the unit.

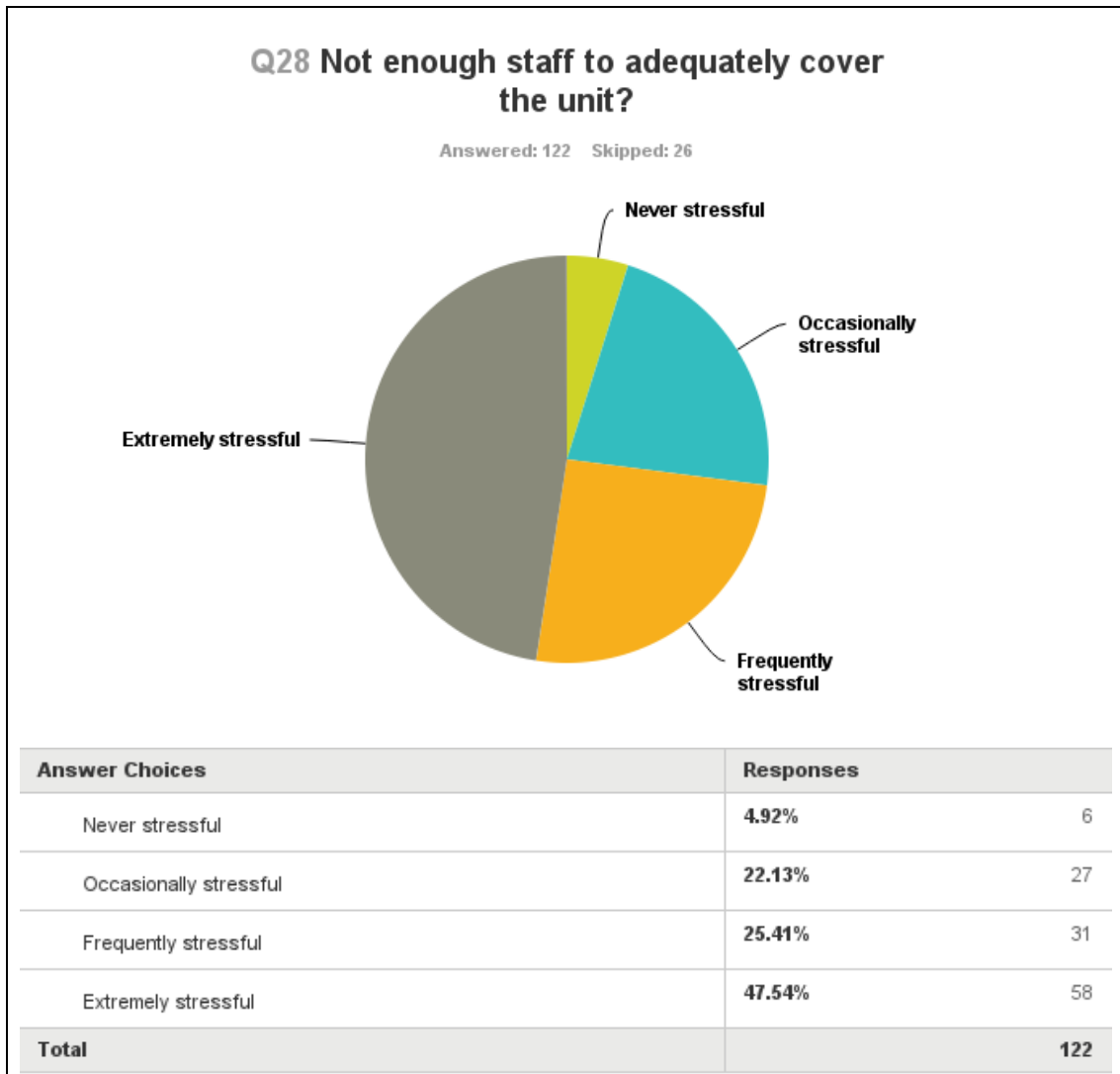


Figure 5. Staffing Coverage

This table displays whether or not participants utilized counseling to cope with work related stress.

Table 2. Counseling

Have you ever sought out counseling to cope with a work related event or work related stress?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	25.0	30.3	30.3
	No	85	57.4	69.7	100.0
	Total	122	82.4	100.0	
Missing	System	26	17.6		
Total		148	100.0		

CHAPTER FIVE

DISCUSSION

Introduction

This chapter summarizes significant results obtained in this study, the impact of findings on the social work profession and an exploration of the study's limitations.

Discussion

Gender

Participants in the study were more prevalently female than male as illustrated in figure 1. This may suggest that females are more prevalent within the psychiatric technician profession. Psychiatric technicians have not been previously studied. Healthcare positions such as nursing and other helping professionals are often more over-represented by women. Women are often more drawn to the helping professions due to societal norms and personal interests. The prevalence of female participants could also suggest that burnout may be more widely experienced by females and this could have led to their interest in participating in the study. The study's title may have also stood out to those with higher feelings of burnout, and led to their participation. As a whole, women tend to take on helping roles within society and often have many competing role demands which can elevate risk for burnout.

Work Setting

Work setting is an important independent variable to consider when studying burnout and its harmful effects. Figure 2 indicates that psychiatric technicians are largely employed within mental health and correctional settings. These types of facilities are often challenging environments to navigate within. A recent review of 147 studies of burnout in mental health workers such as psychiatrists, social workers, psychologists, and nurses reported consistently high levels of burnout (Paris & Hoge, 2010). Dickinson and Wright (2008) found that Healthcare workers and nursing staff in secure settings, such as prisons and forensic mental health units, experience high rates of burnout. According to another study, it was found that both the perceived threat of violence and actual physical violence contributed to high levels of stress in nursing staff in secure settings (Coldwell & Naismith, 1989). The violence demonstrated by patients found within these secure facilities, along with the overall impact of these secure environments, adds to increased stress and burnout among healthcare workers. Staff must remain on guard and ready to deal with crisis and violent situations at all times, given the violent history and psychiatric challenges of many of the patients served.

Maslach Burnout Inventory-Human Services Survey (MBI-HSS)

One of the significant tools utilized in the study was the MBI-HSS which is a 22 item inventory that yields three sub-scores related to burnout. Burnout is composed of three elements including emotional exhaustion,

depersonalization and reduced feelings of personal accomplishment (Maslach, 1982, 1993). Maslach described burnout as a process that begins with emotional exhaustion, followed by depersonalized, then followed by the final effect of reduced personal accomplishment. This study found exceptionally high levels of both emotional exhaustion and depersonalization among the sample, however, levels of personal accomplishment remained high. Despite the significant effects of emotional exhaustion and depersonalization, this group's feeling of personal accomplishment remained resilient. A recent review by Paris and Hoge (2010) found consistently high levels of burnout in mental health workers such as psychiatrists, social workers, psychologists, and but variances across the three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion levels tend to be high, but levels of depersonalization and personal accomplishment have varied. The authors explain that although mental health workers tend to report high levels of being emotionally drained from their work they continue to maintain a high level of connection with others and continue to experience a high sense of accomplishment and achievement from their challenging work.

Personal Accomplishment

Personal accomplishment tends to be maintained in this sample possibly due to the group's level of dedication to their profession and commitment to helping others. Despite the frequent draining feeling of the challenging work environment, these professionals maintain a high level of

personal satisfaction with the work they do. Working with a population which is often stigmatized, may allow these professionals to realize the importance of their work and add to their continued level of personal accomplishment.

Psychiatric technicians could be a group of individuals who particularly thrive in a challenging environment and measure personal accomplishment through the completion of challenging tasks.

Emotional Exhaustion

Participants scored high in emotional exhaustion indicating that they may be experiencing emotional fatigue and caregiver burnout. Long term effects of emotional exhaustion can take a toll on employees including absenteeism, feeling unappreciated, exhausted, and dread of each coming work day. Although these professionals seem to realize that their job is worthwhile and meaningful, their exhaustion makes work attendance challenging and their motivation becomes low. Knowing a job is necessary and beneficial does not always mean it is an easy job to complete. Lack of energy and somatic symptoms can make the task of getting to work a challenge each day.

Depersonalization

Participants of this study showed significant levels of depersonalization on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

Depersonalization can cause someone to feel detached from the world, alone, cynical of others and can lead to isolation. The significant level of

depersonalization could be the result of the frequent interactions with challenging patients and extensive work with others, necessitating frequent use of interpersonal skills. Depersonalization could also be the result of the necessity to distance themselves from others, in order to stay professional and safe in a forensic environment. Over time, psychiatric technicians could keep distance from others in all areas of life due to emotional strain and exhaustion. Individuals may develop unhealthy methods of distancing including mistrust of others, stereotyping and isolation in order to cope with severe symptoms of burnout and depersonalization.

Work Attendance

Participants reported significant difficulty attending work due to work related stress. 78.05% (98 participants) reported that it has been difficult to attend work in the last 3 months due to work related stress. One of the most detrimental effects of burnout on production and the work place is absenteeism. Feelings of emotional exhaustion including irritability, persistent mood of depression, and feelings of apathy can make work attendance challenging or impossible depending on the severity of symptoms. Symptoms of depression can make getting out of bed difficult and can limit motivation to complete daily tasks and responsibilities. Emotional and psychological symptoms can be just as detrimental and injurious as physical symptoms of illness. Overall avoidance of the workplace may lead to frequent absences from work or to habitual lateness. Avoidant behaviors can be used in order to

minimize the harm to the individual as a means of self-preservation. The employee may choose to stay home in hopes of feeling better and alleviating the constant stress or exhaustion they feel when at work. If the individual is able to make it in to work, they may participate in clockwatching, a process of checking the clock in hopes that the day will soon be done. Physical problems such as tiredness sleep disturbances, as well as minor illnesses such as headaches and backaches can also make work attendance difficult. Many times psychological and emotional problems can manifest into somatic symptoms. Constant headaches, a nagging back ache or difficulty sleeping can lead to frequent absence due to one's inability to concentrate or complete daily tasks as usual.

Unpredictable Staffing

One of the most significant issues reported by participants leading to “extreme stress,” was unpredictable staffing and scheduling. Recently a Commission report to the governor and State of California indicated that psychiatric technicians at the Department of State Hospitals worked an estimated 1.2 million hours of overtime in 2013-14 at a cost of approximately \$53 million and 11% of that overtime was mandatory in nature. In their findings, the Commission explained that either mandatory or voluntary, overtime must be significantly reduced for the best interest of patients and staff (A little Hoover Commission report, April 2016). Though much of the overtime is voluntary in nature, a large quantity remains mandated and

amounts to a great deal of uncertainty as to whether or not someone's schedule will be extended despite their desire to go home. Whether the individual is tired, has family obligations or has a variety of other personal needs, the possibility of being mandated to stay another 8 hours, totaling 16 hours worked in a day, can significantly impact the health and well-being of the employee. Given the high amount of psychiatric technicians who report that daily staffing is an extreme or frequent cause of stress, it would be plausible that staffing uncertainty could lead to or cause emotional exhaustion to worsen. Another factor to consider from this high report of stress related to staffing uncertainty, is that an employee may be floated or assigned to another work location to meet staffing minimums. This staffing uncertainty could also lead to daily stress. Not having a familiarity with patients on the units, or professional relationships with the staff on the unit, could lead to added stress in an already challenging environment.

Staffing Coverage

Another significant producer of stress reported by participants was not enough staff to adequately cover the unit. In an environment where assaults are frequent, and challenges to maintain a stable routine for patients are often, adequate staffing is paramount. When staff reports that there is not enough staff to cover the unit, this could indicate that staff do not feel safe in their work environments on a daily basis. The overall stress of not feeling safe in the workplace could significantly add to burnout, and negatively affect the overall

health and wellbeing of psychiatric technicians. Difficult behaviors are commonplace in all of the work settings which employ psychiatric technicians including mental hospitals, developmental centers and correctional settings. Psychiatric technicians strive to keep patients as well as their peers, safe while patients undergo treatment and care within their respective facilities. Patients can be at risk of harming themselves, harming others, can be irritable and aggressive, break the normal social rules for appropriate behavior and refuse treatment and or medication. While all of these situations are difficult to handle, not having enough staff to respond to these situations, can put all individuals at risk. Team work is essential within challenging environments, and a consistent feelings that staffing is inadequate, can lead psychiatric technicians to feel alone and strained in their ability to handle difficult situations. Not having enough staff can lead employees to feeling alone in the struggle to perform daily activities, leading to exhaustion both emotionally and physically at the end of the work day. Limited staffing may cause staff to feel they did not have enough time to finish daily tasks and feel unequipped to handle all of the situations that arise throughout the day. Limited staffing can allow a psychiatric technician to feel overwhelmed and alone in meeting the challenges of their work setting. Support from colleagues can be critical during challenging events with patients, such as aggression towards others. Limited staffing numbers can lead to an overall feeling of lack of support within the workplace. Though staff may have a great deal of cohesion and team work,

low staffing numbers can still make it difficult to maintain safety and meet the needs of high numbers of patients. Lack of support, due to limited staffing, can significantly lead to feelings of emotional exhaustion and burnout.

Counseling

Burnout affects a wide variety of healthcare professionals, and despite their knowledge of mental health care, they often do not employ self-care as a means of mitigating stress. Significantly low numbers of psychiatric technicians indicated that they reached out for counseling, despite the high levels of stress and burnout they reported in this study. Mental health professionals may be resistant to reaching out for help in their own lives. They may feel that their knowledge should somehow lead them through their own struggles, without the help of a professional. Despite their education and knowledge that mental health challenges can affect anyone, they may still be embarrassed to admit they have a problem themselves. Though these professionals have familiarity with the stigma attached to mental illness, they can still remain avoidant to be labeled themselves. They may feel that mental health professionals may judge them because of their position and question their ability to do their job effectively. They may believe that other mental health professionals may view them as weak or somehow flawed. They may be uncomfortable disclosing personal information to others because of their high level of distancing or depersonalization. Because they are often the listener, they may be resistant to sharing and putting themselves in a

vulnerable role. They may want to avoid labeling and attempt to deal with problems privately. Seeking counseling may make them feel as though they are giving up power and allowing themselves to be vulnerable. This vulnerability could bring up a great deal of discomfort and insecurity. They may be avoidant of dealing with emotional issues which can be uncomfortable to deal with. The findings in this study directly lead to its implications on the field of social work.

Recommendations for Social Work Practice, Policy and Research

This study is significant to the profession of social work because it seeks to address a challenging issue affecting healthcare workers who work alongside Social Workers on a daily basis. It seeks to address and better understand the high levels of burnout found among these professionals. Psychiatric technicians have minimal training in self-care and its main principles. “The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of people, with particular attention to the needs and empowerment of people...” (Workers, N.A., 2008, Preamble, para 1). Self-care is a topic highly discussed within the field of social work but not widely embraced or discussed within other challenging fields. The findings of this study indicate that self-care needs to be more widely integrated into the field of psychiatric technology. As a field, social work needs to help other healthcare professionals understand the importance

of counseling and self-care, in order to mitigate the effects of burnout within these challenging and dynamic fields. Within the field of social work, we are taught to be self-aware and in tune with our thoughts, feelings and personal biases. Other fields such as nursing and psychiatric technology do not fully embrace and concentrate on these topics. Integrating self-awareness and self-care into other healthcare fields will improve the overall interactions among professionals within interdisciplinary teams.

Social workers within interdisciplinary teams, can serve to support and consult with other professionals who are experiencing symptoms of burnout. Social workers can allow our colleagues to ventilate their feelings and support them with active listening. Social workers can attempt to alleviate some of the stigmatization of therapy through the normalization of counseling and sharing some of their own experiences. Encouraging other to process their feelings in a safe environment can be very liberating and therapeutic.

Limitations of the Study

There were a few limitations to this study. First and foremost, the sample size was slightly skewed in favor of female participants, however, the psychiatric technician field is more prevalently female. The researcher could not include all the surveys in this study because some were incomplete. The sample was not fully representative of the entire population of psychiatric technicians because the survey was obtained via internet. There was no ability to control when they took the survey, who completed it and whether they

answer all questions because its questions were optional and voluntary in nature. Also because the survey was via internet, location was at the discretion of the participant leading to possible distractions or inability to complete thoroughly with full attention.

More research targeted at the psychiatric technician profession is especially needed, due to their extensive challenges and their necessity to care for individuals within facilities scattered throughout California. Further research may provide an even clearer picture of the results found in this preliminary study.

Summary

The purpose of this study was to identify predictors of burnout among psychiatric technicians and explore their use of self-care in order to mitigate the effects of burnout. This study was particularly important because the population has never before been studied, and these professionals serve a very challenging population. Social Workers work alongside psychiatric technicians in the field, on a daily basis and depend on them to maintain safety and security within facilities which serve their clientele. Because the facilities who employ psychiatric technicians often work within staffing minimums, alleviating and preventing burnout is especially significant. Burnout and its harmful effects can lead to further mandatory overtime as employees become ill and are more frequently injured.

APPENDIX A
QUESTIONNAIRE

Demographics

ONLINE AGREEMENT BY SELECTING THE 'I AGREE' OPTION ON THE WEBPAGE INDICATES CONSENT TO PARTICIPATE IN THE STUDY.*1.

Confirmation Statement

☐ I agree to participate

2. What is your gender?

☐ Female

☐ Male

3. What is your age?

4. What is your marital status?

☐ Single

☐ Married

☐ Never Married

☐ Divorced

☐ Separated

5. How long have you been a psychiatric technician and/or psychiatric technician assistant?

6. How long have you been a psychiatric technician or psychiatric technician assistant in your current work setting(facility)?

7. What type of facility do you currently work in?

☐ Developmental Center

☐ Mental Health Hospital

☐ Correctional Facility

☐ Other (please specify)

8. What shift do you work?

- ☐ AM
- ☐ PM
- ☐ NOC
- ☐ Part time/Registry

9. How many times in the last 2 months have you been required to stay beyond your shift (mandated) a full shift?

10. How many times in the last 2 months have you been required to stay beyond your shift (mandated) for less than 4 hours or part of the shift?

11. How many times in the last 6 months have you witnessed patient to patient related violence in the workplace?

12. How many times in the last year have you been physically assaulted by a patient in the workplace?

13. How many times in the last year have you witnessed a coworker being physically assaulted by a patient?

14. Have you ever sought out counseling to cope with a work related event or work related stress?

- ☐ Yes
- ☐ No

15. If you have sought out counseling, did you find the counseling helpful?

- ☐ Yes
- ☐ No
- ☐ Not Applicable (have not sought out counseling)

16. In the last 3 months, has work related stress made it difficult to attend work?

- ☐ Yes
- ☐ No

17. How many days have you missed in the last three months due to work-related stress?

Created by Sarah Hernandez (2015)

Adapted from the Nursing Stress Scale

Please select one response for each question as it applies to your work environment:

18. Lack of opportunity to talk openly with other personnel about problems in the work setting?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

19. Conflict with a supervisor?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

20. Unpredictable staffing and scheduling?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

21. Experiencing discrimination because of race or ethnicity?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

22. Fear of making a mistake in treating a patient?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

Adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters and Eyles (2000)

23. Being sexually harassed?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

24. Feeling inadequately prepared to deal with the emotional needs of a patient?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

25. Not enough time to complete daily tasks?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

26. Having to deal with violent patients?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

27. Being in charge without adequate experience?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

28. Not enough staff to adequately cover the unit?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

Adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters and Eyles (2000)

29. Having to work through breaks?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

30. Having to deal with abusive patients?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

31. Not enough time to respond to the needs of patients?

- ☐ Never stressful
- ☐ Occasionally stressful
- ☐ Frequently stressful
- ☐ Extremely stressful

Adapted from the Expanded Nursing Stress Scale (ENSS) developed by French, Lenton, Walters and Eyles (2000)

MBI Human Services Survey

How often:

- 0 = Never
- 1 = A few times a year or less
- 2 = Once a month or less
- 3 = A few times a month
- 4 = Once a week
- 5 = A few times a week
- 6 = Every day

- 32. _____ I feel emotionally drained from my work.
- 33. _____ I feel used up at the end of the workday.
- 34. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
- 35. _____ I can easily understand how my clients feel about things.
- 36. _____ I feel I treat some of my clients as if they were impersonal objects.
- 37. _____ Working with people all day is really a strain on me.
- 38. _____ I deal very effectively with the problems of my clients.
- 39. _____ I feel burned out from my work.
- 40. _____ I feel I'm positively influencing other people's lives through my work.
- 41. _____ I've become more callous toward people since I took my job.
- 42. _____ I worry that this job is hardening me emotionally.
- 43. _____ I feel very energetic.
- 44. _____ I feel frustrated by my job.
- 45. _____ I feel I am working too hard on my job.
- 46. _____ I don't really care what happens to some clients.
- 47. _____ Working directly with people puts too much stress on me.
- 48. _____ I can easily create a relaxed atmosphere with my clients.
- 49. _____ I feel exhilarated after working closely with my clients.
- 50. _____ I have accomplished many worthwhile things.
- 51. _____ I feel like I am at the end of my rope.
- 52. _____ In my work, I deal with emotional problems very calmly.

53. _____ I feel clients blame me for some of their problems.

Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). Maslach burnout inventory manual (3rd edn.). Palo Alto, CA: Consulting Psychologists Press.

Self-Care Assessment

Using the scale, rate the following areas in terms of frequency:

- 6 = Daily
- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

54. _____ Eat regularly (e.g. breakfast, lunch, and dinner)

55. _____ Eat healthy

56. _____ Exercise

57. _____ Get regular medical care for prevention

58. _____ Get medical care when needed

59. _____ Take time off when needed

60. _____ Get massages

61. _____ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun

62. _____ Get enough sleep

63. _____ Wear clothes you like

64. _____ Take vacations

65. _____ Take day trips or mini-vacations

66. _____ Make time away from cell phones

67. _____ Make time for self-reflection

68. _____ Have psychotherapy

69. _____ Write in a journal

70. _____ Read literature that is unrelated to work

71. _____ Decrease stress in your life

- 72. _____ Let others know different aspects of you other than your professional self
- 73. _____ Notice your inner experience by listening to your thoughts, judgments, beliefs, attitudes and feelings
- 74. _____ Engage your intelligence in a new area e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- 75. _____ Practice receiving help from others

Source: Transforming the Pain: A Workbook on Vicarious Traumatization by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

Self-Care Assessment

Using the scale, rate the following areas in terms of frequency:

- 6 = Daily
- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

- 76. _____ Say "no" to extra responsibilities
- 77. _____ Spend time with others whose company you enjoy
- 78. _____ Stay in contact with important people in your life
- 79. _____ Give yourself affirmations, praise yourself
- 80. _____ Love yourself
- 81. _____ Re-read favorite books, re-view favorite movies
- 82. _____ Identify comforting activities, objects, people, relationships, places, and seek them out
- 83. _____ Allow yourself to cry
- 84. _____ Find things that make you laugh
- 85. _____ Express your outrage in social action, letters and donations, marches and protests
- 86. _____ Play with children
- 87. _____ Make time for reflection
- 88. _____ Spend time with nature

89. _____ Find a spiritual connection or community
90. _____ Be open to inspiration
91. _____ Cherish your optimism and hope
92. _____ Try not to be in charge or the expert
93. _____ Be open to not knowing
94. _____ Identify what is meaningful to you and notice its place in your life
95. _____ Meditate
96. _____ Pray
97. _____ Sing
98. _____ Read inspirational literature
99. _____ Take a break during the workday (e.g. lunch)
100. _____ Take time to chat with co-workers
101. _____ Make quiet time to complete tasks
102. _____ Identify projects or tasks that are exciting and rewarding
103. _____ Join or organize a peer support group.
104. _____ Strive for balance within your work-life and workday
105. _____ Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization by
Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work
INFORMED CONSENT

The study in which you are being asked to participate is designed to explore factors that lead to burnout among Psychiatric Technicians and Psychiatric Technician Assistants. This is a graduate research project conducted by Sarah E. Hernandez under the supervision of Dr. Thomas Davis, Associate Professor California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Sub-committee at California State University, San Bernardino.

PURPOSE: The purpose of this research is to explore the predictive factors of burnout among Psychiatric Technicians/Psychiatric Technician Assistants and the mitigating effects of self-care. Burnout has been defined as both a psychological and physical response to workplace stress. Self-care is intentional actions you take to care for your own personal health and wellbeing. Self-care is particularly important to avoid burnout within helping professions such as Psychiatric Technicians and other healthcare professionals.

DESCRIPTION: You were selected to participate in this study because you are a member of the California Association of Psychiatric Technicians, a union which represents Licensed Psychiatric Technicians and Psychiatric Technician Assistants in facilities across California. In this study you will be asked to complete survey questions about your demographics and questions related to burnout, job related stress and self-care.

PARTICIPATION: This survey is completely voluntary and any information obtained within the study will remain confidential. No personal identifying information will be asked for during the survey. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIALITY: Any information obtained within the study will remain confidential. No personal identifying information will be asked for during the survey. All data will be stored in a password protected electronic format which is encrypted. All data will be reported in group form only.

DURATION: The survey should take no more than 20 minutes to complete.

RISKS AND BENEFITS: The potential risks of participating in the survey are very little to none. The questions were phrased in a way so as to limit the potential of inspiring emotional responses in participants. There will not be any direct benefits to participants but the potential benefits of the survey are an increased understanding of burnout among Psychiatric Technicians and a new perspective of burnout which can positively impact the field of social work.

CONTACT: If you have any questions about this survey, you can contact Dr. Thomas Davis at (909)537-5839 or Tomedavis@csusb.edu

RESULTS: Results of the study can be obtained from the CSUSB Scholar Works database after July, 2016.

CONFIRMATION STATEMENT: This is to certify that I read and understand the information above, and decide to participate in the study.

ONLINE AGREEMENT BY SELECTING THE 'I AGREE' OPTION ON THE WEBPAGE INDICATES
CONSENT TO PARTICIPATE IN THE STUDY.

***1. Confirmation Statement**

☒ I agree to participate

909.537.5501 • fax: 909.537.7029 • <http://socialwork.csusb.edu/>
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Merced • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C
DEBRIEFING STATEMENT

Debriefing

The study you have just completed was designed to investigate predictors of burnout among Psychiatric Technicians. In particular, this study was done to further explore perceptions and predictive factors of burnout among Psychiatric Technicians and the mitigating factors of self-care. I was particularly interested in the relationship between workplace stress, predictors of burnout and the relationship between self-care and burnout. Understanding predictive factors of burnout in Psychiatric Technicians could lead to the development of preventative measures. If you have any questions about this study, please feel free to contact Dr. Thomas Davis at (909)537-5839. If you would like to obtain a copy of the results of this study please visit the Phau Library at California State University of San Bernardino located at 5500 University Parkway, San Bernardino, CA 92407 or Phau Library website after September 2016.

Optional:

If you would like to have your name entered into a drawing to win a one of four \$50.00 gift cards please email Herns408@coyote.csusb.edu with your name and contact information. This personnel information will not be linked to the answers you provided in this survey.

APPENDIX D
STUDY

PT Study



Survey
Respondents
Needed!



Survey expires March 25

www.surveymonkey.com/r/ZHTXXYB

Sarah Elizabeth Hernandez, a former Psych Tech and graduate student at the University of California, San Bernardino, has received approval by a subcommittee of the university's Institutional Review Board to conduct research on predicting burnout among psychiatric technicians, a topic that has been extensively studied in other professions, but not ours.

The study will explore the predictive factors of burnout (psychological and physical responses to workplace stress) among PTs and PTAs. The study will also examine the self-care techniques employed by PTs and PTAs to help them cope with the challenging demands of the profession.

Your survey participation will aid important research findings about our profession and raise public awareness about the risks involved. Your participation and survey responses are completely confidential. To participate, simply visit www.surveymonkey.com/r/ZHTXXYB. At the end of the survey, respondents will have an opportunity to enter a drawing to win one of four \$50.00 gift cards.

Sarah is keenly aware of the emotional and physical demands of our profession. She worked as a Psych Tech for nine years at Patton State Hospital. She also served CAPT as an active member and job steward. CAPT fully supports Sarah's research and is eager to learn more about the emotional and physical pressures Psych Techs endure on a daily basis. The knowledge gained will help us limit these stressors and strengthen our profession.



Sarah Elizabeth Hernandez is a second-year graduate student at California State University, San Bernardino, and will be finishing her Master of Arts degree in social work June 2016. She received her Bachelor of Arts degree in Psychology from the University of California, Riverside. Her specialization is mental health with a concentration on forensic mental health services for individuals with severe and persistent mental illness. Hernandez is committed to providing exceptional care and services to those served in correctional and forensic settings and looks forward to being a part of further improvements within these systems.

February 5, 2016

Created by Christine Caro, Consultant, California Association of Psychiatric Technicians.

APPENDIX E
COMMENT LETTER



California Association of Psychiatric Technicians

October 13, 2015

Dr. Tom Davis, Associate Professor
College of Social & Behavioral Sciences
California State University, San Bernardino
5500 University Parkway
San Bernardino CA 92407-2318

Dear Dr. Davis

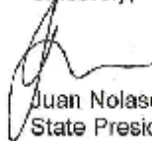
This letter is to confirm a commitment from the California Association of Psychiatric Technicians to support Sarah Hernandez in her Master's project to study what stressors lead to the emotional exhaustion of many psychiatric technicians.

As overtime continues to increase and additional work commitments are put into place in our state facilities, the CAPT Board is eager to learn more about the emotional pressures that our fellow Psych Techs endure on a daily basis.

Sarah, previously an active Psych Tech at Patton State Hospital and CAPT member, is thought of highly by the CAPT Board and is keenly aware of those emotional issues that face much of our profession. That said, by providing a link for her study on our website, we have great hopes that in addition to assisting Sarah in her research, we will also gain further knowledge that will enable us in our efforts to lessen these stressors and thus strengthen our profession.

We thank Sarah for this opportunity. If you have any questions, please feel free to contact me.

Sincerely,



Juan Nolasco
State President
(559) 217-6312

REFERENCES

- Bargellini A., Barbieri, A., Rovesti, S., Vivoli, R., Roncaglia, R., et al. (2000). Relation between immune variables and burnout in a sample of physicians. *Occupational Environmental Medicine*, 57, 453-457.
- Barnett, R. C., Gareis, K. C., & Brennan, R. T. (1999). Fit as a mediator of the relationship between work hours and burnout. *Journal of Occupational Health Psychology*, 4(4), 307-317.
<http://dx.doi.org/10.1037/1076-8998.4.4.307>
- Boudrias, J., Morin, A., & Brodeur, M. (2012). Role of psychological empowerment in the reduction of burnout in Canadian healthcare workers. *Nursing Health Science*, 14, 8-17.
- Brokalaki, H., Matziou, J., Thanou, J., Ziropiannis, P., Dafni, U., & Papadatou D. (2001). Job-related stress among nursing personnel in Greek dialysis units. *EDTNA/ERCA Journal*, 27(4), 181-186.
- Browning, L., Ryan, C. S., Thomas, S., Greenberg, M., & Rolniak, S. (2007). Nursing specialty and burnout. *Psychology, Health & Medicine*, 12(2), 248-254.
- CAPT | The professional association for California Association of Psychiatric Technicians. (n.d.). Retrieved June 16, 2015, from <http://www.psychtechs.net/>
- Caro, C. (2016). *Consultant for California association of psychiatric technicians* (flyer). February 5th, 2016.
- Cherniss, C. (1980). *Staff burnout: Job stress in the human services*. Beverly Hills, California: Sage.
- Clark, G., & Vaccaro, J. (1987). Burnout among CMHC psychiatrists and the struggle to survive. *Hospital Community Psychiatry* 38, 843-847.
- Coldwell, J. B., & Naismith, L. J. (1989). Violent incidents on special care wards in a special care hospital. *Medicine, Science and the Law*. 29(2), 116-123.
- Cooper, C. L. (1996). Working hours and health. *Work & Stress: An International Journal of Work, Health & Organizations*, 10(1), 1-4.
- Denyes, M. J., Orem, D. E., & Bekel, G. (2001). Self-care: A foundational science. *Nursing Science Quarterly*, 14(1), 48-54.

- Dickinson, T., & Wright, K. M. (2008). Stress and burnout in forensic mental health nursing: a literature review. *British Journal of Nursing*, 17(2), 82-87.
- Ding, Y., Qu, J., Yu, X., Wang, S. (2014). The mediating effects of burnout on the relationship between anxiety symptoms and occupational stress among community healthcare workers in China: A cross-sectional study. *Plos ONE*, 9(9), 1-7.
<http://dx.doi.org/10.1371/journal.pone.0107130>
- Edwards, D., Burnard, P., Coyle, D., Fothergill, A., & Hannigan, B. (2000). Stress and burnout in community mental health nursing: A review of the literature. *Hospital Community Psychiatry*, 7, 7-14.
- Espeland, K. E. (2006). Overcoming burnout: How to revitalize your career *The Journal of Continuing Education for Nursing*, 37(4), 178-184.
- Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology*, 13(2), 293-301.
- Feifel, H., Hanson, S., Jones, R., et al. (1967). *Physicians consider death*. Proceedings of 75th Annual Convention of the American Psychological Association. Washington, DC: American Psychological Association.
- Feuerhahn, N., Stamov-Roßnagel, C., Wolfram, M., Bellingrath, S., & Kudielka, B. M. (2013). Emotional exhaustion and cognitive performance in apparently healthy teachers: A longitudinal multi-source study. *Stress & Health: Journal of The International Society for The Investigation of Stress*, 29(4), 297-306.
<http://dx.doi.org/10.1002/smi.2467>.
- Fiabane, E., Giorgi, I., Squazzin, C., & Argentero, P. (2013). Work engagement and occupational stress in nurses and other healthcare workers: the role of organizational and personal factors. *Journal of Clinical Nursing*, 22, 2614-2624.
- Flynn, L., Thomas-Hawkins, C., & Clarke, S. P. (2009). Organizational traits, care processes and burnout among chronic hemodialysis nurses. *Western Journal of Nursing Research*, 31(5), 569-582.
- French, S.E., Lenton, R., Walters, V., & Eyles, J. (2000). An empirical evaluation of an expanded nursing stress scale. *Journal of Nursing Measurement*, 8, 161-178.

- Freudenberger, H. (1974). Staff burnout. *Journal of Social Issues*, 30, 159-166.
- Gabbard, G. (1985). The role of compulsiveness in the normal physician. *Journal of the American Association*, 254, 2926-2929.
- Gascon, S., Leiter, M. P., Andres, E., Santed, M. A., Pereira, J. P., Cunha, M. J., & Martinez-Jarreta, B. (2013). The role of aggressions suffered by healthcare workers as predictors of burnout. *Journal of Clinical Nursing*, 22(21/22), 3120-3129.
<http://dx.doi.org/10.1111/j.1365-2702.2012.04255.X>
- Gibbons, C. & Murray-Gibbons, R. (2007). Occupational stress in the chef profession. *International Journal of Human Resource Management*, 19(1), 32-42.
- Greenshields, Sean Allen on Habeus Corpus. Filed 7/14/14. Certified for Publication in The Court of Appeal of the State of California Second Appellate District Division Six.
- Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5(1), 111-126.
<http://dx.doi.org/10.1037/1076-8998.5.1.111>
- Hakanen, J., Bakker, A. B., & Schaufeli, W. B. (2006). Burnout and work engagement among teachers. *Journal of School Psychology*, 43, 495-513.
- Harrington, J. M. (2001). Health effects of shift work and extended hours of work. *Occupational Environmental Medicine*, 58, 68-72.
- Hogan, L., & Mcknight, M. (2007). Exploring burnout among university online instructors: An initial investigation. *Internet and Higher Education*, 10, 117-124.
- Kanter, R. M. (1977). *Men and women of the corporation*. New York: Basic Books.
- Kany, K. (2001). Mandatory Overtime. *American Journal of Nursing*, 101(5), 67.

- Kho, K., Sensky, T., Mortimer, A., & Corcos, C. (1998). Prospective study into factors associated with aggressive incidents in psychiatric acute admission wards. *British Journal of Psychiatry*, 172, 38-43.
- Komala, K., & Ganesh, L. S. (2007). Individual spirituality at work and its relationship with job satisfaction and burnout: An exploratory study among health care professionals. *The Business Review, Cambridge*, 7(1), 124-129.
- Kunaviktikul, W., Wichaikhum O., Nantsupawat, A., Nantsupawat, R., Chontawan, R., Klunklin, A., & Sirakamon, S. (2015). Nurses' extended work hours: Patient, nurse, and organizational outcomes. *International Nursing Review*, 62(3), 386-393.
- Lief, H. (1971). Personality characteristics of medical students. In R. Coombs, & C. Vincent, (Eds.). *Psychosocial aspects of medical training* (pp. 44-87). Springfield, IL: Thomas.
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health*, 11(3), 255-265.
- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall.
- Maslach, C. (1993). Burnout: A multi-dimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19-32). Washington, D.C.: Taylor & Francis.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupation Behaviour*, 2, 99-113.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Nedd, N. (2006) Perceptions of empowerment and need to stay. *Nursing Economics*, 24(1)13-18.
- Paris, M., & Hoge, M. (2010). Burnout in the mental health workforce: A review. *Journal of Behavioral Health Services & Research*, 37(4), 519-528.
- Patrick, K., & Lavery, J. F. (2007). Burnout in nursing. *Australian Journal of Advanced Nursing*, 24(3), 43-48.

- Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30(3), 241-256.
- Pearlin, L. I., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.
- Pines, A. (1993). Burnout: An existential perspective. In W. B. Schaufeli, D. Maslach, & T. Marek (Eds.), *Professional burnout: Research developments in theory and research*. Washington, D.C.: Taylor & Francis.
- Renpenning, K., & Taylor, S. G. (2003). *Self-care theory in nursing. Selected papers of Dorothea Orem*. New York, NY. Springer Publishing Comp.
- Ridley, J., Wilson, B., Harwood, L. & Laschinger, H. K. S. (2009). Work environment, health outcomes and magnet hospital traits in the Canadian nephrology nursing scene. *Canadian Association of Nephrology Nurses and Technologists Journal*, 19(1), 28-35, 58, 127-134.
- Rosa, R. (1995). Extended work shifts and excessive fatigue. *Journal of Sleep Research*, 4, 51-56.
- Saakvitne, K. A., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: W. W. Norton Co.
- Saakvitne, K. W., Pearlman, L. A. & The Staff of the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY; W. W. Norton & Company.
- Salmelo-Aro, K., Naatanen, P., & Nurmi, J. (2004). The role of work related personal projects during two burnout interventions: A longitudinal study. *Work & Stress*, 18(3), 208-230.
- Shield, M. (2006). Unhappy on the job. *Health Report*, 17, 33-37.
- Sparks, K., Cooper, C., Fried, Y., & Shirom, A. (1997). The effects of hours of work on health: A meta-analytic review, *Journal of Occupational and Organizational Psychology*, 70, 391-408.
- Spurgeon, A., Harrington, J. M., & Cooper, C. L. (1997). Health and safety problems associated with long working hours: A review of the current position. *Occupational Environmental Medicine*, 54, 367-375.

- Staines, G. L., & Pleck, J. H. (1984). Nonstandard work schedules and family life. *Journal of Applied Psychology*, 69(3), 515-523.
<http://dx.doi.org/10.1037/0021-9010.69.3.515>
- Sun, W., Fu, J. L., Chang, Y., & Wang, L. (2012). Epidemiological study on risk factors for anxiety disorder among Chinese doctors. *Journal of Occupational Health*, 54, 1-8.
- Tillett, R. (2003). The patient within — psychopathology in the helping professions. *Advances in Psychiatric Treatment*, 9(4), 272-279;
<http://dx.doi.org/10.1192/apt.9.4.272>
- Wall, T. D., Bolden, R. I., Borrill, C. S., et al. (1997). Minor psychiatric disorder in NHS trust staff: Occupational and gender differences. *British Journal of Psychiatry*, 171, 519-523.
- Williams, S., Michie, S., & Pattani, S. (1998). *Improving the health of the NHS workforce: Report of the partnership on the health of the NHS workforce*. London, England: Nuffield Trust.